

DISS URBAN DISTRICT COUNCIL

THE ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1966

Mr. Chairman, Miss Oakes and Gentlemen,

I have the honour to present my Report on the state of the public health in this District for the year ended 31st December 1966.

INTRODUCTION

The extent to which climatic factors have an effect on the public health of a locality is undefined. Certainly those suffering from various rheumatic and respiratory disorders are commonly of the opinion that their health is closely related to the weather. In the wider view it may even be held that the psychological effect of, say, a fine summer may be of importance in the prevention and treatment of the stress illnesses which are increasingly common in the modern world. Be this as it may it is felt that an annual report on the state of the public health should contain a short record of the year's weather. Of 1966 this must be generally gloomy. Total rainfall was little over average but this was not the impression left by continuing damp and cloudy overcast. Total sunshine was, in fact, some 250 hours less than average. The second half of winter was not unduly severe although January was cold and there was some heavy snow. An unusually cold spell in mid April gave way to a good May in which sunshine and temperature were up to average. June, July and August were dull and wet but late holidaymakers enjoyed a dry and warm September. In October the gloom returned and cloud and light rain characterised the remainder of the year.

The writing of the annual report necessarily enforces a pause for reflection on past progress - or lack of it - and must also encourage a forward look into the future. This is of special interest at the present time because public health practice is in a period either of run-down or of change and it is not yet clear which will be the case. The point has been made in previous reports (but it is of such fundamental importance that it must continue to be made until the new course has been set) that the old public health concept of safeguarding the people from a hostile environment is now largely outdated. The people's health is already less threatened by the environment than by the unwisdom of the modern way of life and in each successive year the changing emphasis becomes more apparent. If it is considered that the public health service has mandate only to influence the environment and not to influence the people then, indeed, its work is on the decline but if the broader view is taken then the problems awaiting solution are at least as great as any faced in the whole history of public health work in this country. Probably the greatest of the problems is that of coronary artery disease and the 1965 figure of 113,000 deaths in England and Wales from this cause was the highest ever. The number for 1966 is not yet available but there is no reason to suppose that it will indicate that the message of healthy living is beginning to be heard. The 'happy savage' does not suffer from coronary disease but it would be unrealistic to expect western society to live his life in order to avoid this modern scourge. Perhaps it will be held that the disease is part of the price of civilization and that it must be accepted with resignation, at least until someone in a laboratory makes a discovery, but it is to be hoped that the public will before then come to accept the idea of modifying its mode of life in the interests of good health. This seems a pipe dream but there is hope in the ease with which the 'ex-coronary' patient so often succeeds in reducing weight, in giving up smoking, in making time for suitable exercise and, above all, in learning to relax. Unfortunately this transformation in attitude requires an initial heart attack (because it is human to think that such things always happen to other people) and about a quarter of those attacked are given no opportunity of reform. Recent thought has been given to identifying healthy individuals who are in special danger of coronary artery disease by clinical and biochemical means. If such persons were

induced to modify their way of life to no greater extent than to reduce weight and give up smoking, it is probable that a considerable reduction in the disease would result, particularly among the middle aged where its social effects are most profound. Perhaps progress will be made in this limited field of persuading people at special risk but whether limited or directed at the whole population, any such effort is health education and this, despite its unfortunate public image and its school-roomish title, is therefore the key (and perhaps the only key) to continuing improvement in the nation's health. Health education effort at the local level rarely produces immediate and visible results and therefore seems unrewarding but such effort may nevertheless prove vital to success in the long term because campaigns mounted at a more remote level and using all the powerful and expensive propaganda weapons of the mass media have been shown to have only a temporary effect. Perhaps the only effective arrangement will turn out to be 'grass root' activity by the public health authorities acting in co-ordination through and with the support of the County. Thus ideas would interchange, problems would be resolved, enthusiasm would be stimulated and, where necessary, funds would be available for projects beyond the financial scope of the district.

The question perhaps most frequently put to the writer is whether the constantly increasing use of pesticides is a hazard to health? Since the matter is therefore much in the public mind it may be well to say something about it in this report. The first of the modern pesticides, D.D.T., has been in use for about 20 years and for most of the time exposure to this and subsequent pesticides has been inevitable. They are present in minute quantity in public water supplies and even in rain and air; and they are present in food in varying quantities. It happens that certain of these substances are absorbed by the body and stored in fat so that it is possible to measure human exposure by measuring the quantity in body fat. This has been done regularly for a number of years and the present position in this country is that, firstly, there has been little increase in exposure in the last five years and, secondly, that similar investigations in certain other countries have indicated a much higher level of exposure. Present evidence - which is based on an experience of twenty years - suggests that the use of pesticides need cause no anxiety about human health but obviously this is an area in which complacency would be most ill advised and the matter is kept under constant review.

From the earliest days of interest in public health and up to the establishment of food rationing in the last war, the term 'malnutrition' implied a shortage of essential nutrients in the diet and was associated with an underweight infant or child. Such malnutrition has only occurred in sporadic cases in the last quarter of a century but the associated folk-lore has persisted and the fat baby is still able to win baby contests and the overweight of the school child is regarded with parental approbation whilst the lean and wiry child is presented to school medical officers by anxious parents as being obviously deficient in some respect. In fact malnutrition (in this country) should now be regarded as synonymous with over nutrition and since weight control is now recognized as closely related to healthy living in adult life, the importance of avoiding bad dietary habits in childhood is obvious. The sweet eating habit, so dear to English children and to many of their parents, is unfortunate. Whatever the infinite variety in which the sugar is presented, it remains unchanged in its power to wreck teeth and to cause the laying down of fat without conferring any nutritional benefit. Whether the indictment against sugar is now complete is very doubtful and medical thought is already grouping a variety of illnesses, including coronary thrombosis and diabetes, as the saccharine diseases which have in common that they are possibly related to the over consumption of sugar. Whatever may come of this in the light of further research there is already ample reason for trying to bring up children on rather less carbohydrate and a great deal less refined sugar.

STAFF

Dr. D. F. Hadman served as your Medical Officer of Health throughout the year. As from 1st October he was appointed M.O.H. to Forchoc and Henstead Rural District Council and since this was made possible by a re-arrangement of County Council duties the new appointment had no effect on the time devoted to the affairs of your district.

Mr. D. Newson served as Public Health Inspector throughout the year. There is a nationwide scarcity of public health inspectors and it was unfortunate that proposals to start a local training course at Norwich City College proved unsuccessful for want of support. It is hoped that any future initiative will fare better.

VITAL STATISTICS

(a) General

The following data, with the exception of the last paragraph on road accidents, is supplied by the Registrar-General. By 'correcting' the birth and death rates to allow for the age structure of Diss compared with the rest of the country, and by treating all the district rates with the reservation due to information based on small numbers, it is possible to reach conclusions about the state of health of the District.

(b) Population

The mid-year population of Diss in 1966 was estimated at 4,140, this being based on the 1961 Census figure as modified by births and deaths and by the estimate of movement into and out of the District made annually by your officers to the Registrar-General. In 1966 there was a natural increase of 2 and a migratory increase of 138 in the population.

(c) Births

Fifty seven births (26 boys and 31 girls) were registered in 1966, of which 3 were illegitimate. The crude birth rate was therefore 13.8 live births per thousand population and the corrected rate was 15.0 per thousand. This compares with the 1965 corrected rate of 18.5 and a 1966 England and Wales rate of 17.7 per thousand population.

Six premature babies were born of which five survived.

(d) Stillbirths

Two were notified giving a stillbirth rate of 33.9 still births per 1,000 total births and this compares with the England and Wales figure for the year of 15.4. Both births occurred in hospital and followed obstetric complications.

(e) Infant Mortality

One infant death was registered in 1966, this being an extremely premature infant who survived only three hours. The infant mortality rate was therefore 17.5 infant deaths per 1,000 live births and this compares with a National rate of 18.9 deaths.

(f) Deaths

Deaths totalled 55 of which 36 were male and 19 female. The crude death rate was 13.3 deaths per 1,000 population and the corrected rate was 11.2. This may be compared with an England and Wales rate of 11.7 deaths per 1,000 population.

Table 10 shows that 26 of the deaths occurred at the age of 75 years or more, a proportion of 47% which is rather less satisfactory than in the previous year, and the average age at death was 70 years. Attention has been drawn in previous reports to the life wastage suffered by those dying in the age group 45 to 65 years and it has been suggested that many of these deaths should be regarded as preventable and particularly those

due to the following principal causes:-

	<u>1966</u>	<u>1965</u>	<u>1964</u>
Cancer	1	4	3
Coronary disease	3	2	2
Accidents	1	-	2
Bronchitis	1	-	1
	<u>6</u>	<u>6</u>	<u>8</u>

During the year there were three fatal accidents and one case of suicide.

(g) Road Injuries Data

The following details of road accidents are again made available by the Chief Constable. The corresponding figures for 1965 are in brackets.

	<u>Killed</u>	<u>Seriously Injured</u>	<u>Slightly Injured</u>
Drivers	- (-)	3 (1)	5 (2)
Passengers	- (-)	3 (1)	4 (1)
Pedestrians	1 (-)	- (-)	6 (2)
Motor Cyclists	- (-)	2 (7)	5 (5)
Pillion passengers	- (-)	- (1)	- (1)
Pedal cyclists	- (-)	1 (1)	3 (6)
	<u>1 (-)</u>	<u>9 (11)</u>	<u>23 (17)</u>

COMMUNICABLE DISEASES

Infectious disease did not present an important problem in 1966 and 77 of the 80 cases notified were of MEASLES. Most of these cases occurred in the two yearly outbreak which continued from the end of 1965 to February and March of 1966. Vaccination against measles was practiced only on a very small scale.

PULMONARY TUBERCULOSIS was notified on one occasion only, in an elderly man. It will be known that an anti-tuberculous vaccine, B.C.G., is offered to all school children at 13 years who have not already gained a degree of natural immunity by exposure to the disease. A preliminary skin test is used to identify this group and the proportion of children with a positive skin test is therefore some index of the extent of the disease in the area. The results of this test at the three Diss secondary schools were that twenty of the 159 children were positive, a percentage of thirteen which reflects the percentage of positive reactors in Norfolk generally.

BACILLARY DYSENTERY due to the not very virulent Sonnei germ occurred on the border of the District at the beginning of the year and involved a food handler working in Diss. Early diagnosis and appropriate action eliminated the public health hazard and there were no further cases.

SMALLPOX was epidemic elsewhere in the country in the form of the unusual variola minor. It is of local interest that the first recognized outbreak of this disease in England occurred in the Waveney valley in 1919. On this recent occasion Norfolk remained uninvolved although one case of atypical chicken pox caused some concern in Area 5. Vaccination against smallpox reached the highly satisfactory figure of 95.6 of Diss infants which is a striking improvement on the low figure of the previous two years. The vaccination of children after the first birthday instead of in infancy was not popular when the change was made some four years ago and was no doubt the reason for a falling acceptance rate. It seems that the trend has now been halted and reversed.

ENVIRONMENTAL HYGIENE

The following paragraphs do not provide a full account of this broad subject but full details may be found in the attached report of the Public Health Inspector.

(a) Housing

Council's Skelton Road development of 109 dwellings was completed during the year and good progress was made on a six-bungalow extension to the existing twenty grouped homes for the elderly.

Publication of the 1966 Sample Census Report has provided evidence of continuing improvement in housing standards in the District since the last full Census in 1961. The following figures of the percentage of houses without various amenities is interesting.

	% WITHOUT			% WITH All Three
	Hot Tap	Fixed Bath	Waterborne Sanitation	
Diss U.D. 1961	34.2	32.5	15.4	60.9
Diss U.D. 1966	19.4	17.8	Insufficient Data	65.9
All Norfolk U.D's and Municipal Boroughs	18.5	16.1	2.1	72.7

(b) Sewage Disposal

In general the system functioned satisfactorily and certainly the disposal works produced a remarkably good effluent considering the load placed upon it.

Unfortunately and inevitably a number of properties remained dependent on the night soil collection service and this, not being under Council's immediate control, was not entirely efficient. It is important, as much to civic pride as to good public health, that every possible step should be taken to eliminate the need for this service.

(c) Water Supply

The supply continued most satisfactorily through a year of peak demand which will presumably not be equalled in the immediate future now that the supply to Depwade has ceased. Mains water was regularly sampled and was in all respects satisfactory.

In January the County Council decided not to support fluoridation of water supplies and since only the local health authority has power to meet the cost of the measure your Council had no course but to accept the decision. Later in the year a number of authorities decided for fluoridation and it is possible that Norfolk will have second and more mature thoughts before long. Meantime unnecessary dental decay continues in our children.

(d) The Swimming Pool

Some minor improvements were made to the pool but it is believed that more radical measures to bring it up to modern standards should not long be deferred. The alternative, of course, would be to build a modern pool from scratch, either on the same site or elsewhere.

The water was tested at the pool three times a day and frequent samples were sent for bacteriological examination.

(e) Food Hygiene

Standards of good hygiene were generally most satisfactory and the use of bacteriocidal detergents coupled with a systematic cleansing routine continues to be actively encouraged.

A circular was received from the Ministry of Health during the year concerning hygiene and meat inspection in poultry processing establishments. It is quite impracticable to arrange professional inspection of every carcass - as is the practice with larger animals - and regular visits to such establishments to ensure sound standards of hygiene and to inspect occasional carcasses is all that present circumstances permit.

(f) Public Health Nuisances

It may be of interest to report that during the year the Ministry of Housing and Local Government gave its opinion on two aspects of the impingement of housing development on animal husbandry and of subsequent complaint of farmyard nuisance. Firstly, the Ministry considered that there was a case for withholding planning permission to housing development in situations where neighbouring agricultural activity would constitute a nuisance to the new residents. Secondly, it was considered whether, in the event that housing had developed in proximity to a farm, any consequent serious nuisance should be treated as a statutory nuisance and abatement action taken. The Ministry considered that normal action should be taken and it appeared that the fact that the farmer was there first did not provide him with any privilege.

The unauthorised parking of caravans on Fair Green continued to present an occasional problem. The caravans are rarely equipped with satisfactory sanitary facilities and their presence constitutes a hazard to the health of their occupants as well as to others. Responsibility lies with the Charity Trustees to secure the removal of such caravans but it has proved difficult to execute this responsibility.

COUNTY COUNCIL SERVICES

A brief account of the welfare services provided under the National Health Service and National Assistance Acts was included in the Report for 1965 and the various official and voluntary agencies continued this excellent work in 1966.

The Home Help Service continued to expand and this undoubtedly enables many elderly people to continue in their own homes rather than go into county accommodation when they begin to have difficulty in looking after themselves. Your Council has played a full part in this endeavour by its provision of grouped home accommodation for the elderly whilst the County Council's scheme for a home for the elderly in Victoria Road was delayed by national economic policy. The Meals-on-wheels service also played a most important part in caring for the welfare of the elderly and the Old People's Club did valuable work in countering the common loneliness of age.

The Depwade and Diss Committee of the Norfolk Association for the Care of the Physically Handicapped continued its work, as did the agencies responsible for the welfare of the mentally ill and the mentally handicapped. The social centre for subnormal adolescents and adults at Spooner Row filled a vital need in helping these people to feel wanted and part of the community. The public attitude to mental disorder has changed greatly in recent years but there is still much room for more humanity and the social centres do make for a better understanding.

The problem of hypothermia in the elderly remained in mind and with the onset of colder weather a leaflet was sent out to home helps and others which explained the danger; how it is prevented, recognized and treated. At the same time low reading clinical thermometers were made available to nurses so that suspected low body temperatures could be confirmed and minimum reading thermometers were also made available so that lowest bedroom temperatures could be recorded. Since the winter proved mild there was fortunately little evidence of hypothermia but the arrangements will prove their value in due course.

CONCLUSION

I am again grateful to the Chairman of Council and the Chairman and Members of the Public Health Committee for their encouragement and support throughout the year. I would like also to acknowledge the ready co-operation of my colleagues at Diss and at the Norwich Office.

I have the honour to be

Your obedient servant

D. F. Hadman

Local Health Office,
Aspland Road,
NORWICH, NOR 19S.

DISS URBAN DISTRICT - 1966

Table 1. GENERAL STATISTICS

Area (in acres) (including water)	3,674
Estimated Resident Population	4,140
Rateable Value	2146,517
Sum produced by a Penny Rate	2610

Table 2. LIVE BIRTHS

	Males	Females	Total
Legitimate	24	30	54
Illegitimate	2	1	3
Totals	26	31	57

Live Birth Rate per 1,000 of estimated resident population = 13.8

Table 3. STILL BIRTHS

	Males	Females	Total
Legitimate	2	-	2
Illegitimate	-	-	-
Totals	2	-	2

Still Birth Rate per 1,000 total births = 33.9

Table 4. TOTAL BIRTHS

	Males	Females	Total
Live	26	31	57
Still	2	-	2
Totals	28	31	59

Table 5. INFANT DEATHS(a) Infant Mortality (Deaths of Infants under 1 year)

	Males	Females	Total
Legitimate	1	-	1
Illegitimate	-	-	-
Totals	1	-	1

Infant Mortality Rates:

Total = 17.5 (per 1,000 live births)

Legitimate = 18.5 (per 1,000 legitimate births)

Illegitimate = 0.0 (per 1,000 illegitimate births)

(b) Neo-Natal Mortality (Deaths of Infants during first four weeks)

	Males	Females	Total
Legitimate	1	-	1
Illegitimate	-	-	-

Neo-Natal Mortality Rate (per 1,000 live births) = 17.5

(c) Early Neo-Natal Mortality (Deaths of Infants under 1 week)

	Males	Females	Total
Legitimate	1	-	1
Illegitimate	-	-	-

Early Neo-Natal Mortality Rate (per 1,000 live births) = 17.5

(d) Perinatal Mortality (Still births and deaths under 1 week)

	Males	Females	Total
Legitimate	2	-	2
Illegitimate	1	-	1

Perinatal Mortality Rate (per 1,000 total births) = 50.8

Table 6. ILLEGITIMATE BIRTHS

Males = 2 Females = 1 Total = 3 = 5.1% of total live births

Table 7. MATERNAL DEATHS (Including abortion) = NIL.

Maternal Mortality Rate (per 1,000 total births) = 0.0

Table 8. DEATHS (All ages)

Males	Females	Totals
36	19	55

Crude Death Rate (per 1,000 of estimated resident population) = 13.3

Table 9. CAUSE OF DEATH OF INFANTS UNDER ONE YEAR

Cause	Males	Females	Total
Prematurity	1	-	1

Table 10. NOTIFICATION OF DEATHS RECEIVED DURING THE YEAR
(According to Age Groups)

	Males	Females	Total
Under 4 weeks	1	-	1
4 wks. and under 1 yr.	-	-	-
1 " " 5	-	-	-
5 " " 10	-	1	1
15 " " 25	1	-	1
25 " " 35	1	-	1
35 " " 45	1	-	1
45 " " 55	3	-	3
55 " " 65	5	2	7
65 " " 75	10	4	14
75 and over	14	12	26
Totals	36	19	55

Table 11. CAUSE OF TOTAL DEATHS (Registrar-General)

Cause	Males	Females	Total
1. Tuberculosis respiratory.	1	-	1
9. Other infective and parasitic diseases.	1	-	1
11. Malignant neoplasm, lung, bronchus.	2	-	2
12. Malignant neoplasm, breast.	-	1	1
14. Other malignant and lymphatic neoplasms.	2	1	3
15. Leukemia, Aleukemia.	-	1	1
17. Vascular lesions of nervous system.	7	6	13
13. Coronary disease, angina.	7	3	10
20. Other heart disease.	5	2	7
23. Pneumonia.	3	2	5
24. Bronchitis.	2	1	3
27. Gastritis, Enteritis and Diarrhoea.	1	-	1
32. Other defined and ill-defined diseases.	3	-	3
33. Motor vehicle accidents.	1	1	2
34. All other accidents.	-	1	1
35. Suicide.	1	-	1
Totals	36	19	55

Table 12. SUMMARY OF BIRTH AND DEATH RATES

	1960	1961	1962	1963	1964	1965	1966
<u>Live Births (per 1,000 pop)</u>	(56)	(57)	(79)	(56)	(66)	(63)	(57)
Diss U.D.	15.4	15.8	21.6	15.1	17.0	17.0	13.8
Area 5.	14.1	14.2	13.9	15.2	14.9	14.4	15.0
England & Wales (provisional)	17.1	17.4	18.0	18.2	18.4	18.1	17.7
<u>Still Births (per 1,000 total births)</u>	(2)	(2)	(nil)	(2)	(nil)	(nil)	(2)
Diss U.D.	34.5	33.9	0.0	34.5	0.0	0.0	33.9
Area 5.	20.7	8.9	21.4	29.1	6.7	13.5	17.5
England & Wales (provisional)	19.7	18.7	18.1	17.3	16.3	15.7	15.4
<u>Crude Deaths (per 1,000 pop)</u>	(33)	(45)	(48)	(32)	(53)	(44)	(55)
Diss U.D.	10.5	12.5	13.1	8.6	14.9	11.0	13.3
Area 5.	11.8	12.4	12.1	12.2	12.9	13.3	11.9
England & Wales (provisional)	11.5	12.0	11.9	12.2	11.3	11.5	11.7
<u>Infant Mortality (per 1,000 live births)</u>	(3)	(1)	(2)	(1)	(nil)	(1)	(1)
Diss U.D.	53.6	17.5	25.3	17.9	0.0	14.7	17.5
Area 5.	14.1	9.0	14.5	11.6	20.5	6.8	14.6
England & Wales (provisional)	21.7	21.4	21.4	20.9	20.0	19.0	18.9

NOTE: 1. Figures in brackets are the actual numbers for Diss U.D.
2. Area 5 comprises Depwade and Loddon R.Ds. and Diss and Wymondham U.Ds. Also Forehoe and Henstead R.D. from 1.10.66 but statistics for this district have not been included in this report.

Table 13. DEATHS DUE TO CANCER - Diss U.D.

	1960	1961	1962	1963	1964	1965	1966
Number of deaths	7	5	16	11	11	9	7
Percentage of total deaths.	18	11	33	34	19	20	13

Table 14. CANCER DEATHS DURING LAST FIVE YEARS - Diss U.D.

Year	Male			Female		
	Total Deaths	Total Cancer Deaths	Cancer of Lung	Total Deaths	Total Cancer Deaths	Cancer of Lung
1966	36	4	2	19	3	-
1965	24	5	2	20	4	1
1964	33	5	2	25	6	-
1963	13	3	1	19	3	-
1962	25	9	3	23	7	-
Totals	131	26	10	106	28	1

Table 15. NOTIFICATION OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS)
(According to Age Groups - Diss U.D.)

	Under 1	1-4 yrs.	5-14 yrs.	15-24 yrs.	Over 25	Total
Whooping Cough	-	-	1	-	-	1
Scarlet Fever	-	1	-	-	-	1
Measles	4	39	34	-	-	77
Puerperal Pyrexia	-	-	-	1	-	1
Totals	4	40	35	1	-	80

Table 16. INCIDENCE OF INFECTIOUS DISEASE (EXCLUDING TUBERCULOSIS)
DURING LAST FIVE YEARS - Diss U.D.

	1962	1963	1964	1965	1966
Scarlet Fever	1	1	8	8	1
Measles	1	95	63	28	77
Whooping Cough	3	7	4	-	1
Food Poisoning	-	-	1	-	-
Puerperal Pyrexia	-	-	-	-	1
Totals	5	103	76	36	80

Table 17. DETAILS OF NEW CASES OF TUBERCULOSIS FOR LAST FIVE YEARS
Diss U.D.

	1962	1963	1964	1965	1966
Pulmonary					
Male	-	1	1	2	1
Female	-	-	-	-	-
Non-Pulmonary					
Male	-	-	-	-	-
Female	-	-	-	-	-
Diss U.D. Total	-	1	1	2	1
Area 5. Total	8	6	7	8	10

Table 18. VACCINATION AGAINST SMALLPOX

Vaccination of children (under five years of age) during the last five years resident in the District and Area 5, are shown in the following table.

	Diss U.D.					Area 5				
	1962	1963	1964	1965	1966	1962	1963	1964	1965	1966
Number of live births registered.	79	56	66	68	57	550	601	592	584	617
Number of vaccinations recorded (0-4 yrs).	33	45	15	25	54	420	222	276	326	417
Percentage vaccinated.	42	80	23	37	95	76	37	46	56	67

Table 19. VACCINATION AGAINST POLIOMYELITIS

The following is the number of primary immunisations and boosters given in Area 5 since the scheme commenced. Table A shows the numbers immunised with the Salk vaccine (by injection) and Table B those given the Sabin vaccine (oral) which became generally available in mid-1962.

(A) SALK

Year	Primary			Booster (3rd)			Booster (4th)
	Age 0-4	Age 5-14	Age 15+	Age 0-4	Age 5-14	Age 15+	Age 5-12
1966	4	-	*	10	2	2	-
1965	28	2	*	18	7	*	-
1964	24	5	1	30	5	-	5
1963	31	4	26	42	6	31	-
1962	234	37	151	294	115	914	27
1961	601	535	2068	427	228	824	3017
1960	397	227	853	660	566	1636	-
1959	593	677	2220	1377	3261	864	-
1958	1648	3159	154	32	1284	2	-
1957	197	1115	-	-	-	-	-
1956	40	121	-	-	-	-	-

(B) SABIN

Year	Primary			Booster (3rd- after 2 Salk)			Booster (4th)
	Age 0-4	Age 5-14	Age 15+	Age 0-4	Age 5-14	Age 15+	School Age
1966	612	30	*	-	-	*	417
1965	470	39	*	-	-	*	519
1964	554	129	22	5	1	-	785
1963	424	22	15	66	2	-	483
1962	197	131	1359	230	312	1077	426

* Records for persons over 15 years not available.

Table 20. DIPHTHERIA IMMUNISATION

The following is the number of primary immunisations and booster injections given during the last five years in respect of Area 5.

Year	Primary Injections			Booster Injections	
	Under 1	Total under 5	Age 5-14	Under 5	Age 5-14
1966	256	594	34	370	670
1965	165	474	74	210	899
1964	204	486	28	125	342
1963	244	547	97	94	361
1962	155	448	28	48	304

Table 21. IMMUNISATION AGAINST WHOOPING COUGH

The following is the number of whooping cough immunisations recorded in Area 5 during the last five years.

Year	Primary				Boosters
	Under 1	Age 1-4	Age 5-14	Total	Under 5
1966	256	336	5	597	368
1965	161	302	4	467	185
1964	202	276	8	486	89
1963	244	301	5	550	86
1962	149	291	12	452	45

Table 22. IMMUNISATION AGAINST TETANUS

The following is the number of tetanus immunisations recorded in Area 5 during the last five years. Immunisation against this disease was included in the County Council's scheme in September 1958.

Year	Primary				Booster		
	Age Under 1	Age 1-4	Age 5-14	Age 15+	Age 1-4	Age 5-14	Age 15+
1966	256	338	203	*	374	1058	*
1965	165	310	355	*	212	1589	*
1964	204	282	136	124	131	418	65
1963	242	306	504	219	100	284	44
1962	152	312	725	399	50	103	37

* Records for persons over 15 years not available

Table 23. B.C.G. VACCINATION AGAINST TUBERCULOSIS

This is given at the age of 13 years to all school children who do not react to the tuberculin skin test. Number of skin tests and subsequent B.C.G. vaccinations in Area 5 in the last five years is recorded.

Year	Number Skin Tested	Number Positive	Number B.C.G. Vaccinated
1966	553	67	454
1965	556	86	427
1964	474	68	382
1963	472	97	352
1962	586	146	434

THE ANNUAL REPORT OF THE PUBLIC HEALTH INSPECTOR

FOR THE YEAR 1966

Mr. Chairman, Miss Oakes, and Gentlemen,

I submit for your information the report of your Public Health Inspector for the year 1966.

You will notice that the total number of visits made by your Public Health Inspector has totalled 3,443 - an average of slightly over 13 per working day. This is nearly 500 more than the average of the previous five years and almost double the average figure for the years 1950-59 (1,763). This gives some idea of the increase in the amount of work which your Public Health Inspector is now required to carry out. There has been at least an equal increase in the amount of clerical administrative work and only a proportion of this can be done by the 3 hours clerical assistance provided. Whilst figures may not always reflect a true picture, the number of visits which are not able to be carried out is beginning to cause your Public Health Inspector some little concern.

I would thank the Chairman and Members of the Health Committee for their interest during the year and to express my appreciation for the assistance received from your Medical Officer (Dr. D.F. Hadman) and Mr. C. R. Williamson and other members of the office staff.

D. Newson.

Public Health Inspector.

WATER CONSUMPTION

The total water consumption for 1966 rose from 118 million gallons the previous year to 141 million gallons. This increase of 23 million gallons was apportioned between domestic consumers - 6 million; trade users 9 million and supplied to Depwade R.D.C. - 8 million. Water consumption in Diss has risen from 43 million gallons in 1962 to 83 million gallons in 1966.

It is anticipated that Depwade R.D.C. will discontinue taking a supply of water from your Council sometime in 1967. This of course will help appreciably to reduce the number of hours worked by the equipment at the works but it should be pointed out that in 1966 the water consumption for Diss alone worked out at almost 230,000 gallons per day. This is an increase of almost 50% over 1963 and shows an average daily domestic consumption of 35 gallons per person as compared with 27 gallons per person three years ago.

The water has continued to be of good chemical and bacteriological quality. A recent analysis of the water gave the following results:-

CERTIFICATE OF ANALYSIS OF WATER

Sample received from Diss U.D.C.
Marked Tap Water - Diss Council Offices.
Appearance when received - Clear.
Nature of Deposit - Nil.
Colour - Nil Odour - Nil.
Reaction-Alkaline pH - 3.6 Taste - Satisfactory.

RESULTS OF CHEMICAL ANALYSIS IN PARTS PER MILLION

Ammoniacal nitrogen	0.01	Hardness as CaCO ₃ :	
Albuminoid nitrogen	0.02	Total	90
Nitrate nitrogen	0.1	Carbonate (temporary)	35
Nitrite nitrogen	Nil	Non-carbonate (permanent)	55
Chloride as Cl	56	Alkalinity as CaCO ₃	35
Permanganate Value		Free carbon dioxide	Nil
(4 hr.)	0.39	Total solids (at 180° C.)	425
		Iron (total)	0.05
		Metals in solution	Nil

OPINION

This water is of good organic quality. The water has been softened to a satisfactory level of about 6° Clark. The iron content is negligible. In our opinion this water is very suitable for use as a public supply.

SEWERAGE

The total flow through the works was 98½ million gallons which is approximately 4 million gallons more than in the previous year. This is an average daily flow of 270,000 gallons. The average dry weather flow is in the region of 240,000 gallons whilst the works was designed for a total dry weather flow of 196,000 gallons. The design calculation for the works envisaged its serving a population of 5,000 with a daily water consumption of 30 gallons per head and trade wastes of 46,000 gallons per day. The present U.D. population of approximately 4,100 is using almost 150,000 gallons of water per day whilst drainage from trade premises is nearly double the envisaged figure. It can be seen that the works is virtually working at maximum capacity and this is borne out by results obtained by the River Board from samples of effluent which they periodically take.

These samples have been reasonably satisfactory but they do show that there is very little reserve treatment capacity available. Extensions to the sewage works must be considered before long or else serious problems may arise even if the town continues to expand at only its present rate.

The sewers have continued to function satisfactorily apart from minor defects which had to be rectified in the Market Place sewer. Occasional nuisance from sewers backing up and overflowing was again experienced in the Lower Denmark Street and Park Road areas of the town. This is a matter which causes some concern and the Council will have to give consideration to measures being taken to remedy this state of affairs.

The emptying of pail closets has been carried out under contract - not always as regularly as one would wish but allowance has to be made for the Contractor's difficulties in finding labour to carry out a none too pleasant task. Sixty-eight properties remain which have to rely on this out-dated primitive form of sanitation. It had been hoped that a scheme prepared by Depwade R.D.C. would have provided a sewer to which properties on Shelfanger Road could have connected, but unfortunately this is held up for a time due to the "financial freeze".

HOUSING

(a) New Housing Accommodation

During the year the last phase of the Skelton Road Estate development was completed and 12 x 3 bedroom houses, 12 x 2 bedroom houses, 12 x 2 bedroom flats and 1 shop with living accommodation were brought into occupation. These 37 units provided homes for 110 persons (73 being rehoused from addresses within the U.D. area and 32 from outside).

A further scheme to provide six aged persons' bungalows was approved by the Council and at the end of the year the construction of these was proceeding.

During the year 21 properties became available for re-letting and a further 63 people were rehoused into these (42 of whom were already living in the U.D. area and 21 from outside).

The number of private dwellings completed during the year was 25. Proposals were accepted for the complete repair and modernisation of 6 dwellings which had been previously made subject of Closing Orders and two other such dwellings were reoccupied following completion of proposals accepted in 1965.

(b) Council House Applicants

During the year 110 fresh applications were added to the 199 outstanding applications on the Housing List at the end of 1965. During the year 57 families were rehoused leaving a total of 252 families remaining on the list hoping for council housing accommodation in Diss.

(c) Unfit Properties

Closing Orders were made in respect of three dwellings and an undertaking by the owner not to permit the re-occupation of one dwelling was also accepted by the Council.

From houses already subject to Closing or Demolition Orders four families (seventeen persons) were rehoused by the Council.

Thirteen houses subject to Demolition Orders were actually demolished during the year.

(d) Improvement Grants

During the year a further 23 applications for Standard Improvement Grants were approved, bringing the total approved since the inception of the scheme in 1959 to 124.

Payments of £2,670. 12. 7d. were made in respect of 17 properties in which works of improvement had been completed. The total amount paid out in grants has now reached £10,982. 19. 2d. for 88 properties improved - an average of approximately £125 per dwelling improved.

FOOD PREMISES

During the year 105 visits were made to food premises in the town. Seven informal notices were served in respect of contraventions of the Food Hygiene Regulations, Viz:

One notice in respect of Regulation 5 - cleanliness of equipment etc;
One notice in respect of Regulation 8 - food not being properly protected from risk of contamination in a shop;
Two notices in respect of Regulation 8 - food placed on shop forecourts without adequate protection from risk of contamination;
Two notices in respect of Regulation 9 - dirty overalls and open cuts on hand not properly covered;
One notice in respect of Regulation 16 - lack of soap and nail brush for staff use.

During the year works of repair, improvement and redecoration were carried out in six food premises following informal discussions with the proprietors concerned.

In the early part of the year a series of swabs were taken from equipment used in food premises - particularly equipment used for the cutting and display of cooked meats. The results showed that reasonable care was being taken to ensure that such equipment was being regularly and adequately cleansed. It is to be hoped that further such tests can be carried out and one would hope that eventually it may be possible to do this on a regular basis to ensure that present standards are at least maintained.

During the year approximately 6½ cwt. of tinned and bottled foodstuffs (meat, fish, fruit etc.) was condemned as being unfit for consumption.

SLAUGHTERING FACILITIES AND MEAT INSPECTION

The total number of animals slaughtered at the Chapel Street slaughterhouse in 1966 showed a slight overall increase over the previous year and has risen by 40% compared with 1960.

Year	Cattle	Pigs	Sheep	Calves	Total number of "units"
1966	962	1531	387	3	7498
1965	900	1630	363	Nil	7308
1964	901	1207	302	3	6622

Of the animals slaughtered in 1966 only 3 pigs left the slaughterhouse without being inspected.

Meat and offal condemned amounted to 13 cwt. 46 lbs. - again a slight increase compared with 1965 - but no serious diseased conditions were found to necessitate the condemnation of a whole carcass.

The slaughterhouse continues to be run in a satisfactory manner and the general cleanliness, state of repair and decoration remain good.

The number of visits made to the slaughterhouse was 341 - 7 more than in 1965 (inclusive of visits made outside normal working hours amounting to 96 hours).

SWIMMING POOL

Regular samples of the water from the Council swimming pool were taken during the swimming season for bacteriological examination. During the first few weeks results were not too satisfactory but following adjustments in the running of the plant the water was kept in a good bacteriological state for the greater part of the season.

REFUSE COLLECTION AND DISPOSAL

The Council decided to acquire a new refuse collection vehicle in place of the existing side-loader which had done very good service. An 18 cu. yard rear loader complete with packer plate unit was put into service in the last quarter of the year and has helped greatly in maintaining the weekly collection which all but the Malcot Green and Heywood areas enjoy. It has now been found possible for the Heywood to be visited fortnightly instead of monthly. The new vehicle has almost halved the number of journeys to the tip and enables more time to be devoted to the basic job of emptying the ratepayers bins.

The disposal of refuse has been effected at the Council tipping site at Shelfanger Road. Tipping sites are invariably a problem in the wet months of winter but conditions are not improved by the vast quantities of wet lime sludge from the waterworks which have to be deposited at the refuse tip. It is to be hoped that another site can be found for this before the coming of another winter.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

During the year two new premises in which the provisions of the Offices, Shops and Railway Premises Act, 1963, are enforceable by your Council were registered bringing the total number of premises registered under the act to 128.

In the year 38 general inspections were carried out and for all purposes connected with the provisions of this Act a total of 104 visits was made.

One of the more important requirements of the Act is the onus placed on employers to notify any accidents which occurs on their premises and which results in any employee being unable to carry out his normal job of work for a period of three days or more. Seven such accidents were notified during the year and five were investigated, and in three cases it was possible to make suggestions which might prevent a repetition of such accident.

SUMMARY OF VISITS MADE BY THE PUBLIC HEALTH INSPECTOR

(a) General

Complaints investigated	71
Visits re nuisances	123
Visits re insanitary conditions	37
Ditches, watercourses, etc.	25
Accumulation of refuse	13
Swimming Pool	9
Water supplies	43
Factories	28
Smoke nuisances	3
Game licences	3
Pet Animals Act	3
Petroleum Regulations	45

Shops - general	19
Visits under Offices, Shops and Railway Premises Act	104
Rodent Control	292
Places of entertainment etc.	8
Schools	4
Visits under Noise abatement act	1
Miscellaneous	106
(b) Housing	
Visits under Housing and Public Health Acts	157
Visits re Improvement Grants	179
Visits re overcrowding	Nil
Visits to caravan sites	90
Council Houses - General Inspections	52
Council Houses - Disrepairs etc.	1028
Informal Notices served	8
Notices complied with	8
Visits re Rent Act	4
Visits to Housing Applicants	60
(c) Infectious Diseases	
Investigations	3
(d) Visits to Food Premises	
Bakchouses	3
Grocers	26
Fish shops	3
Ice cream manufacturers and retailers	5
Food manufacturing premises	12
Dutchers shops	19
Cafes and restaurants	13
Market stalls and Mobile Food premises	11
Visits re unsound food	17
Informal notices under Food Hygiene Regulations	7
(e) Meat Inspection	
Visits to slaughterhouse	341
(f) Drainage and Conservancy	
Drains inspected and tested	212
Obstructed drains cleared	38
Drains found defective	14
Visits re septic tanks/cesspools	43
Visits re pail closets	54
(g) Refuse Collection and Disposal	
Visits re collection and disposal	122

PRESCRIBED PARTICULARS REQUIRED BY

SECTION 128(3) FACTORIES ACT, 1957

PREMISES	NUMBER ON REGISTER	NUMBER OF INSPECTIONS	NUMBER OF WRITTEN NOTICES	OCCUPIERS PROSECUTED
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by the Local Authority.	4	2	Nil	Nil
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	45	26	1	Nil
(iii) Other premises in which Section 7 is enforced by the Local Authority.	3	Nil	Nil	Nil

